

Case Number:	CM14-0153647		
Date Assigned:	09/23/2014	Date of Injury:	09/18/2000
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 52-year-old female who has submitted a claim for postlaminectomy syndrome - lumbar associated with an industrial injury date of 09/18/2000. Medical records from 2014 were reviewed. Patient complained of neck and low back pain. The pain was rated at 4-5 out of 10. Physical examination revealed slight tenderness over the superior trapezius and levator scapulae on movement, as well as tenderness over the right sacroiliac and ileolumbar region. Treatment to date has included oral medications, such as Valium (since at 2011) and Norco (since at least March 2014). Utilization review date of 09/12/14 denied the request for Valium as long-term use may increase anxiety. Furthermore, the use of benzodiazepines in combination with opioid use is a major cause of overdose and therefore considered of very high risk. The same review modified the request for Norco 5/325mg #60 to #48 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Valium 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, BENZODIAZEPINES Page(s): 24.

Decision rationale: According to page 24 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. In this case, diazepam was being prescribed since 2011 (3 years to date). However, there was no record of continued functional improvement with the use of this medication. Moreover, the duration of diazepam use is clearly beyond the recommended 4 weeks. Therefore, the request for Valium 5mg #60 is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, OPIOIDS, ON-GOING MANAGEMENT Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been prescribed Norco since at least March 2014. The medical records likewise did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. California MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5/325mg #60 is not medically necessary.